

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Association of Orthodontists Political Action Committee

ADDRESS (number and street)

401 N. Lindbergh Blvd

☐Check if different
than previously
reported. (ACC)

St. Louis

MO

63141

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00293910

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☒July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

04

01

2006

through

06

30

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

James R. Bowlin

Signature of Treasurer

Electronically Filed by James R. Bowlin

Date

07

14

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Association of Orthodontists Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		152495.27
(b) Cash on Hand at Beginning of Reporting Period	135374.77	
(c) Total Receipts (from Line 19)	64662.50	103080.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	200037.27	255575.27
7. Total Disbursements (from Line 31)	32714.10	88252.10
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	167323.17	167323.17
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Association of Orthodontists Political Action Committee

Report Covering the Period:

From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	46045.00	65045.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	13617.50	33035.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	59662.50	98080.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	59662.50	98080.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	5000.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	64662.50	103080.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	64662.50	103080.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		1664.10	1664.10
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		1664.10	1664.10
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		31000.00	56250.00
24. Independent Expenditure (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs)		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		0.00	0.00
29. Other Disbursements.....		50.00	30338.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		32714.10	88252.10
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		32714.10	88252.10

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	59662.50	98080.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	59662.50	98080.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1664.10	1664.10
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1664.10	1664.10

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. John C. Aamodt

Mailing Address 1329 Fairmount Ave

City State Zip Code
 St. Paul MN 55105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 6

Transaction ID: R13917

Amount of Each Receipt this Period

250.00

Credit Card

Full Name (Last, First, Middle Initial)

B. Dr. David O. Adame

Mailing Address 2409 El Encino Dr

City State Zip Code
 Mission TX 78574

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 6

Transaction ID: R13920

Amount of Each Receipt this Period

250.00

Credit Card

Full Name (Last, First, Middle Initial)

C. Dr. Clifford L. Anzilotti

Mailing Address 4 Hilloch Ln

City State Zip Code
 Chadds Ford PA 19317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 6

Transaction ID: R13914

Amount of Each Receipt this Period

250.00

Credit Card

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 7 / 72

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Thomas Arkle, III Mailing Address 5310 Mirabell Rd City State Zip Code Charlotte NC 28226 FEC ID number of contributing federal political committee. C Name of Employer Self-Employed Occupation Self-Employed Orthodontist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6 Transaction ID: R13787 Amount of Each Receipt this Period 250.00 Credit Card
B. Full Name (Last, First, Middle Initial) Dr. Deborah Bassham Mailing Address 20111 Galen Dr City State Zip Code Abingdon VA 24211 FEC ID number of contributing federal political committee. C Name of Employer Self-Employed Occupation Self-Employed Orthodontist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6 Transaction ID: R13924 Amount of Each Receipt this Period 250.00 Credit Card
C. Full Name (Last, First, Middle Initial) Dr. Peter F. Bayer Mailing Address 257 Miracle Strip Pkwy W City State Zip Code Mary Esther FL 32569 FEC ID number of contributing federal political committee. C Name of Employer Self-Employed Occupation Self-Employed Orthodontist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6 Transaction ID: R13889 Amount of Each Receipt this Period 250.00 Check

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)

Dr. Michael G. Behnan

Mailing Address 5639 Carrollton Ct

City State Zip Code
 Rochester Hills MI 48306

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 6

Transaction ID: R13921

Amount of Each Receipt this Period

250.00

Credit Card

B. Full Name (Last, First, Middle Initial)

Dr. Michelle L. Bergsrud

Mailing Address 5008 Woodhurst Ln

City State Zip Code
 Minnetonka MN 55345

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 3 / 2 0 0 6

Transaction ID: R13749

Amount of Each Receipt this Period

250.00

Credit Card

C. Full Name (Last, First, Middle Initial)

Dr. Michael J. Bernard

Mailing Address 1670 Ashford Cir NE

City State Zip Code
 North Canton OH 44720

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 6

Transaction ID: R13894

Amount of Each Receipt this Period

250.00

Check

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Sheila Birth Mailing Address 2802 Summertree Ln City Colleyville State TX Zip Code 76034 FEC ID number of contributing federal political committee. C Name of Employer Self-Employed Occupation Orthodontist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6 Transaction ID: R13817 Amount of Each Receipt this Period 250.00 Credit Card
B. Full Name (Last, First, Middle Initial) Dr. Jimmy C. Boley Mailing Address 1106 High Vista Ln City Richardson State TX Zip Code 75080 FEC ID number of contributing federal political committee. C Name of Employer Self-Employed Occupation Orthodontist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6 Transaction ID: R13888 Amount of Each Receipt this Period 250.00 Check
C. Full Name (Last, First, Middle Initial) Dr. Pete N. Bougas, Jr. Mailing Address 1231 Gulfport Run City Grayson State GA Zip Code 30017 FEC ID number of contributing federal political committee. C Name of Employer Self-Employed Occupation Orthodontist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00			Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 6 Transaction ID: R13748 Amount of Each Receipt this Period 250.00 Credit Card

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 10 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. John J. Brady, Jr.

Mailing Address 22 Providence Rd

City State Zip Code
 Hazleton PA 18202

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-EmployedOccupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: R13814

Amount of Each Receipt this Period

250.00

Credit Card

Full Name (Last, First, Middle Initial)

B. Dr. Robert E. Brossman

Mailing Address 115 Oakmont Hills

City State Zip Code
 Wheeling WV 26003

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-EmployedOccupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 6

Transaction ID: R13900

Amount of Each Receipt this Period

250.00

Check

Full Name (Last, First, Middle Initial)

C. Dr. Mark A. Burbey

Mailing Address 1411 Cowling Bay Rd

City State Zip Code
 Neenah WI 54956

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-EmployedOccupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 6

Transaction ID: R13911

Amount of Each Receipt this Period

250.00

Credit Card

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 72

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)

Dr. John F. Buzzatto

Mailing Address 4012 Letort Lane

City State Zip Code
Allison Park PA 15101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 7 / 2 0 0 6

Transaction ID: R13766

Amount of Each Receipt this Period

250.00

Credit Card

B. Full Name (Last, First, Middle Initial)

Dr. Holly R. Cantrell

Mailing Address 127 Woodfield Way

City State Zip Code
Cornelia GA 30531

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 6

Transaction ID: R13890

Amount of Each Receipt this Period

250.00

Check

C. Full Name (Last, First, Middle Initial)

Dr. Ronald J. Carr

Mailing Address 20 Santa Fe Pl

City State Zip Code
Odessa TX 79765

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: R13809

Amount of Each Receipt this Period

250.00

Credit Card

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 12 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)

Dr. William R. Caryl, Jr.

Mailing Address 101 Turquoise Tr

City State Zip Code
 Syracuse NY 13219

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: R13831

Amount of Each Receipt this Period

250.00

Credit Card

B. Full Name (Last, First, Middle Initial)

Dr. Albert Phillip Cavallari

Mailing Address 387 High St

City State Zip Code
 Lockport NY 14094

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 6

Transaction ID: R13912

Amount of Each Receipt this Period

250.00

Credit Card

C. Full Name (Last, First, Middle Initial)

Dr. Louis G. Chmura

Mailing Address 604 Laura Ln

City State Zip Code
 Marshall MI 49068

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: R13811

Amount of Each Receipt this Period

250.00

Credit Card

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Brenda Chockley

Mailing Address 6805 E 117th PI S

City State Zip Code
 Bixby OK 74008

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-EmployedOccupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 6

Transaction ID: R13926

Amount of Each Receipt this Period

250.00

Credit Card

Full Name (Last, First, Middle Initial)

B. Dr. Harold J. Cohen

Mailing Address 7915 Starburst Dr

City State Zip Code
 Baltimore MD 21208

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-EmployedOccupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 6

Transaction ID: R13882

Amount of Each Receipt this Period

250.00

Check

Full Name (Last, First, Middle Initial)

C. Dr. Ronald A. Cohen

Mailing Address 526 Twin Eagles Lvd

City State Zip Code
 Fort Wayne IN 46748

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-EmployedOccupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: R13784

Amount of Each Receipt this Period

250.00

Credit Card

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Mark S. Coican

Mailing Address 1830 Lueber Rd

City State Zip Code
Malabar **FL** **32958**

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 **3 0** **2 0 0 6**

Transaction ID: R13874

Amount of Each Receipt this Period

150.00

Check

B. Full Name (Last, First, Middle Initial)
Dr. Mark Collons

Mailing Address 4310 Cherry Hills Lane

City State Zip Code
Tarzana **CA** **91356**

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 **2 3** **2 0 0 6**

Transaction ID: R13726

Amount of Each Receipt this Period

250.00

Check

C. Full Name (Last, First, Middle Initial)
Dr. Philip J. Corbin

Mailing Address 2605 Lipscomb

City State Zip Code
Amarillo **TX** **79109**

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 **2 9** **2 0 0 6**

Transaction ID: R13842

Amount of Each Receipt this Period

250.00

Credit Card

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)

Dr. David Cortopassi

Mailing Address 6 Christina Cir

City State Zip Code
Wheaton IL 60187

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: R13833

Amount of Each Receipt this Period

250.00

Credit Card

B. Full Name (Last, First, Middle Initial)

Dr. Joseph M. Crisham

Mailing Address 223 E Boyd

City State Zip Code
Dixon IL 61021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: R13801

Amount of Each Receipt this Period

250.00

Credit Card

C. Full Name (Last, First, Middle Initial)

Dr. Dennis G. Cuendet

Mailing Address 7241 Woodstock Dr

City State Zip Code
Baton Rouge LA 70809

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 6

Transaction ID: R13929

Amount of Each Receipt this Period

150.00

Credit Card

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)

Dr. John M. Damas

Mailing Address 4 Sorrel Lane

City State Zip Code
 Lemont IL 60439

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 3 / 2 0 0 6

Transaction ID: R13751

Amount of Each Receipt this Period

250.00

Credit Card

B. Full Name (Last, First, Middle Initial)

Dr. Eric L. Dellinger

Mailing Address 17110 Coldwater Rd

City State Zip Code
 Huntertown IN 46748

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: R13841

Amount of Each Receipt this Period

250.00

Credit Card

C. Full Name (Last, First, Middle Initial)

Dr. Eugene L. Dellinger

Mailing Address 1326 Old Lantern Tr

City State Zip Code
 Fort Wayne IN 46845

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: R13826

Amount of Each Receipt this Period

250.00

Credit Card

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)

Dr. Judith A. Demro

Mailing Address 3609 N Shore Dr

City State Zip Code
 Clear Lake IA 50428

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: R13853

Amount of Each Receipt this Period

150.00

Credit Card

B. Full Name (Last, First, Middle Initial)

Dr. Philip C. Desmarais

Mailing Address 212 Deermeadow Rd

City State Zip Code
 Webster NH 03303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 6

Transaction ID: R13915

Amount of Each Receipt this Period

250.00

Credit Card

C. Full Name (Last, First, Middle Initial)

Dr. Keith B. Dressler

Mailing Address 9 St Ives Way

City State Zip Code
 Signal Mountain TN 37377

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: R13830

Amount of Each Receipt this Period

250.00

Credit Card

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Kevin C. Duffy
Mailing Address 8419 S 109th E Ave

City State Zip Code
Tulsa OK 74133

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: R13783

Amount of Each Receipt this Period

250.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Michael G. Durbin
Mailing Address 408 Cherry Creek Ln

City State Zip Code
Prospect Heights IL 60070

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 7 / 2 0 0 6

Transaction ID: R13768

Amount of Each Receipt this Period

250.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Dr. Eric J. Echols
Mailing Address 74 Smokerise Point

City State Zip Code
Peachtree City GA 30269

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: R13827

Amount of Each Receipt this Period

250.00

Credit Card

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. S. Grayson Eddy, Jr.

Mailing Address 5148 Buckhead Trail

City State Zip Code
 Knoxville TN 37919

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 6

Transaction ID: R13923

Amount of Each Receipt this Period

250.00

Credit Card

Full Name (Last, First, Middle Initial)

B. Dr. David A. Eichel

Mailing Address 7500 Fernwod Dr

City State Zip Code
 Cincinnati OH 45337

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: R13834

Amount of Each Receipt this Period

250.00

Credit Card

Full Name (Last, First, Middle Initial)

C. Dr. Stephen E. Ellender, Jr.

Mailing Address 1231 Bayou Black Dr

City State Zip Code
 Houma LA 70360

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 3 / 2 0 0 6

Transaction ID: R13743

Amount of Each Receipt this Period

250.00

Credit Card

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Lawrence B. Evans

Mailing Address 1488 Brentford Cove

City State Zip Code
 Snellville GA 30278

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: R13828

Amount of Each Receipt this Period

250.00

Credit Card

Full Name (Last, First, Middle Initial)

B. Dr. Beth Lynn Faber

Mailing Address 2018 Retreat Dr

City State Zip Code
 Mechanicsville VA 23111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: R13802

Amount of Each Receipt this Period

250.00

Credit Card

Full Name (Last, First, Middle Initial)

C. Dr. Austin W. Feeney

Mailing Address 87 Perkins Rd

City State Zip Code
 Greenwich CT 06830

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 8 / 2 0 0 6

Transaction ID: R13654

Amount of Each Receipt this Period

200.00

Check

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Austin W. Feeney

Mailing Address 87 Perkins Rd

City State Zip Code
 Greenwich CT 06830

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 8 / 2 0 0 6

Transaction ID: R13662

Amount of Each Receipt this Period

250.00

Credit Card

Full Name (Last, First, Middle Initial)

B. Dr. Dana E. Fender

Mailing Address PO Box 1980

City State Zip Code
 Douglas GA 31534

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 3 / 2 0 0 6

Transaction ID: R13745

Amount of Each Receipt this Period

250.00

Credit Card

Full Name (Last, First, Middle Initial)

C. Dr. Dennis Joseph Flanagan

Mailing Address 2376 Malmaison Rd

City State Zip Code
 Belvidere IL 61008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 3 / 2 0 0 6

Transaction ID: R13740

Amount of Each Receipt this Period

250.00

Credit Card

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Albert T. Foy, Jr.

Mailing Address P O Box 230082

City State Zip Code
 Montgomery AL 36123

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 6

Transaction ID: R13885

Amount of Each Receipt this Period

250.00

Check

Full Name (Last, First, Middle Initial)

B. Dr. Curtis Friedenber

Mailing Address 331 Sunset Drive

City State Zip Code
 Cumberland MD 21502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 8 / 2 0 0 6

Transaction ID: R13666

Amount of Each Receipt this Period

100.00

Credit Card

Full Name (Last, First, Middle Initial)

C. Dr. Curtis Friedenber

Mailing Address 331 Sunset Drive

City State Zip Code
 Cumberland MD 21502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: R13785

Amount of Each Receipt this Period

250.00

Credit Card

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Chalk Fry Mailing Address 7438 Montgomery Rd City Cincinnati State OH Zip Code 45236 FEC ID number of contributing federal political committee. C Name of Employer Self-Employed Occupation Orthodontist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 06 / 23 / 2006 Transaction ID: R13724 Amount of Each Receipt this Period 250.00 Check
B. Full Name (Last, First, Middle Initial) Dr. Robert W. Fry Mailing Address 12340 Pflumm Road City Olathe State KS Zip Code 66062 FEC ID number of contributing federal political committee. C Name of Employer Self-Employed Occupation Orthodontist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 06 / 29 / 2006 Transaction ID: R13777 Amount of Each Receipt this Period 250.00 Credit Card
C. Full Name (Last, First, Middle Initial) Dr. Catherine Oden Fulton Mailing Address 215 Brooke Ave #904 City Norfolk State VA Zip Code 23510 FEC ID number of contributing federal political committee. C Name of Employer Self-Employed Occupation Orthodontist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 06 / 29 / 2006 Transaction ID: R13820 Amount of Each Receipt this Period 250.00 Credit Card

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)

Dr. Scott David Galkin

Mailing Address 80 S Shore Dr

City State Zip Code
 South Amboy NJ 08879

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 6

Transaction ID: R13902

Amount of Each Receipt this Period

250.00

Check

B. Full Name (Last, First, Middle Initial)

Dr. Robert F. Garrison

Mailing Address 232 Palmer Dr

City State Zip Code
 Lexington SC 29072

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 6

Transaction ID: R13879

Amount of Each Receipt this Period

250.00

Check

C. Full Name (Last, First, Middle Initial)

Dr. Miller W. Gibbons

Mailing Address 200 Canterbury Rd

City State Zip Code
 Wilson NC 27893

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 6

Transaction ID: R13880

Amount of Each Receipt this Period

250.00

Check

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Gayle Glenn

Mailing Address 3922 Travis St #12

City State Zip Code
 Dallas TX 75204

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 7 / 2 0 0 6

Transaction ID: R13699

Amount of Each Receipt this Period

250.00

Check

Full Name (Last, First, Middle Initial)

B. Dr. Gayle Glenn

Mailing Address 3922 Travis St #12

City State Zip Code
 Dallas TX 75204

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 3 / 2 0 0 6

Transaction ID: R13728

Amount of Each Receipt this Period

500.00

Credit Card

Full Name (Last, First, Middle Initial)

C. Dr. Michael L. Gold

Mailing Address 2021 E Whitehawk Ct

City State Zip Code
 Meridian ID 83642

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: R13779

Amount of Each Receipt this Period

250.00

Credit Card

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Robert S. Goldie

Mailing Address 8801 Lake Sheen Ct

City State Zip Code
 Orlando FL 32836

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 6

Transaction ID: R13908

Amount of Each Receipt this Period

250.00

Credit Card

Full Name (Last, First, Middle Initial)

B. Dr. Robert B. Goldman

Mailing Address 27 Birch Ct

City State Zip Code
 Ridgefield CT 06877

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 6

Transaction ID: R13887

Amount of Each Receipt this Period

250.00

Check

Full Name (Last, First, Middle Initial)

C. Dr. Jon Ethan Golub

Mailing Address 50 Blueberry Dr

City State Zip Code
 Woodcliff Lake NJ 07677

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 7 / 2 0 0 6

Transaction ID: R13700

Amount of Each Receipt this Period

250.00

Check

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)

Dr. J. Courtney Gorman

Mailing Address 2407 Overlook Rd

City State Zip Code
 Marion IN 46952

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: R13776

Amount of Each Receipt this Period

250.00

Credit Card

B. Full Name (Last, First, Middle Initial)

Dr. Lee W. Graber

Mailing Address 21350 W Lakeview Pkwy

City State Zip Code
 Mundelein IL 60060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 3 / 2 0 0 6

Transaction ID: R13747

Amount of Each Receipt this Period

250.00

Credit Card

C. Full Name (Last, First, Middle Initial)

Dr. Charles Ray Graham

Mailing Address 1322 Chandler Road

City State Zip Code
 Huntsville AL 35801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: R13810

Amount of Each Receipt this Period

250.00

Credit Card

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)

Dr. Michael J. Graham

Mailing Address 1772 Morning Dr NE

City State Zip Code
Cullman AL 35055

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 6

Transaction ID: R13897

Amount of Each Receipt this Period

250.00

Check

B. Full Name (Last, First, Middle Initial)

Dr. James B. Gray

Mailing Address 715 Shade Tree Terr

City State Zip Code
Roswell GA 30075

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 6

Transaction ID: R13737

Amount of Each Receipt this Period

250.00

Credit Card

C. Full Name (Last, First, Middle Initial)

Dr. Alfred C. Griffin, Jr.

Mailing Address 8498 Opal Rd

City State Zip Code
Warrenton VA 20186

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: R13840

Amount of Each Receipt this Period

250.00

Credit Card

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 29 / 72

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. William M. Hairfield
Mailing Address 7919 120th Ave SE

City State Zip Code
Renton WA 98056

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 7 / 2 0 0 6

Transaction ID: R13772

Amount of Each Receipt this Period

250.00

Check

B. Full Name (Last, First, Middle Initial)
Dr. R. Cree Hamilton
Mailing Address 1900 Fox Canyon Cir

City State Zip Code
Las Vegas NV 89117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 2 / 2 0 0 6

Transaction ID: R13647

Amount of Each Receipt this Period

250.00

Check

C. Full Name (Last, First, Middle Initial)
Dr. Lawrence S. Harte
Mailing Address 100 W Mount Pleasant Ave

City State Zip Code
Livingston NJ 07039

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 6

Transaction ID: R13881

Amount of Each Receipt this Period

250.00

Check

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 72

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Brian Hartman			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address 1920 Meander Circle			Transaction ID: R13905	
City State Zip Code Anchorage AK 99516			Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			Credit Card	
Name of Employer Self-Employed		Occupation Orthodontist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		
B. Full Name (Last, First, Middle Initial) Dr. Tom Hartman			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 6	
Mailing Address 4028 Caravelle			Transaction ID: R13782	
City State Zip Code Anchorage AK 99502			Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			Credit Card	
Name of Employer Self-Employed		Occupation Orthodontist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		
C. Full Name (Last, First, Middle Initial) Dr. Mark P. Hatala			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 6	
Mailing Address 31 Virginia Ave			Transaction ID: R13786	
City State Zip Code Binghamton NY 13905			Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			Credit Card	
Name of Employer Self-Employed		Occupation Orthodontist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 31 / 72

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)

Dr. M. Donald Hayes

Mailing Address 737 Timberlane

City State Zip Code
 Wilmington OH 45177

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 7 / 2 0 0 6

Transaction ID: R13702

Amount of Each Receipt this Period

500.00

Check

B. Full Name (Last, First, Middle Initial)

Dr. M. Donald Hayes

Mailing Address 737 Timberlane

City State Zip Code
 Wilmington OH 45177

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 7 / 2 0 0 6

Transaction ID: R13713

Amount of Each Receipt this Period

500.00

Check

C. Full Name (Last, First, Middle Initial)

Dr. Chris H. Henry

Mailing Address 114 Minnie St #B

City State Zip Code
 Fairbanks AK 99701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 3 / 2 0 0 6

Transaction ID: R13729

Amount of Each Receipt this Period

250.00

Credit Card

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 72

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Mark E. Hixson

Mailing Address 3501 Catalano Dr

City State Zip Code
Raleigh NC 27612

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: R13781

Amount of Each Receipt this Period

250.00

Credit Card

B. Full Name (Last, First, Middle Initial)

Dr. Curtis R. Imel

Mailing Address 9 Countryside Ave

City State Zip Code
Ottawa IL 61350

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 6

Transaction ID: R13896

Amount of Each Receipt this Period

250.00

Check

C. Full Name (Last, First, Middle Initial)

Dr. James Brian Indiveri

Mailing Address 5033-3 Glenwood Ave

City State Zip Code
Mission KS 66202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 0 6

Transaction ID: R13658

Amount of Each Receipt this Period

500.00

Check

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 72

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)

Dr. Cynthia L. Jackson

Mailing Address 573 Anderson Rd

City State Zip Code
 Alpine CA 91901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 3 / 2 0 0 6

Transaction ID: R13730

Amount of Each Receipt this Period

250.00

Credit Card

B. Full Name (Last, First, Middle Initial)

Dr. Michael L. Jacobsen

Mailing Address 13847 Pamlico Rd

City State Zip Code
 Apple Valley CA 92307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 3 / 2 0 0 6

Transaction ID: R13731

Amount of Each Receipt this Period

250.00

Credit Card

C. Full Name (Last, First, Middle Initial)

Dr. Lawrence A. Johnson

Mailing Address 1950 Cliffview Ct

City State Zip Code
 Oshkosh WI 54901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 6

Transaction ID: R13895

Amount of Each Receipt this Period

250.00

Check

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)

Dr. Warren T. Johnson, Jr.

Mailing Address 2211 Shannon Dr

City State Zip Code
 Murfreesboro TN 37129

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: R13838

Amount of Each Receipt this Period

250.00

Credit Card

B. Full Name (Last, First, Middle Initial)

Dr. Mark W. Joiner

Mailing Address 240 Fast Lane

City State Zip Code
 Santa Cruz CA 95065

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 6

Transaction ID: R13907

Amount of Each Receipt this Period

250.00

Credit Card

C. Full Name (Last, First, Middle Initial)

Dr. David C. Jones

Mailing Address 975 Stonewall Jackson Tr

City State Zip Code
 Martinsville VA 24112

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 8 / 2 0 0 6

Transaction ID: R13652

Amount of Each Receipt this Period

150.00

Check

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. David C. Jones
Mailing Address 975 Stonewall Jackson Tr

City State Zip Code
Martinsville VA 24112

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: R13800

Amount of Each Receipt this Period

250.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. G. Michael Kabot
Mailing Address 2626 W Long Lake Rd

City State Zip Code
West Bloomfield MI 48323

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 6

Transaction ID: R13878

Amount of Each Receipt this Period

250.00

Check

C. Full Name (Last, First, Middle Initial)
Dr. Michael J. Kehoe
Mailing Address 3160 Hosner Rd

City State Zip Code
Dryden MI 48428

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 6

Transaction ID: R13868

Amount of Each Receipt this Period

150.00

Check

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Peter Keller Mailing Address 2165 Whispering Hills Ct City Washington State MI Zip Code 48094 FEC ID number of contributing federal political committee. C Name of Employer Self-Employed Occupation Orthodontist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6 Transaction ID: R13819 Amount of Each Receipt this Period 250.00 Credit Card
B. Full Name (Last, First, Middle Initial) Dr. John M. Kelley, Jr. Mailing Address 2321 Winton Terrace West City Fort Worth State TX Zip Code 76109 FEC ID number of contributing federal political committee. C Name of Employer Self-Employed Occupation Orthodontist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 6 Transaction ID: R13738 Amount of Each Receipt this Period 250.00 Credit Card
C. Full Name (Last, First, Middle Initial) Dr. Allen B. Kerr Mailing Address 901 John Q Adams St City Oregon City State OR Zip Code 97045 FEC ID number of contributing federal political committee. C Name of Employer Self-Employed Occupation Orthodontist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6 Transaction ID: R13803 Amount of Each Receipt this Period 250.00 Credit Card

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Edward Stan Key
Mailing Address 1706 Cheyenne Trail

City State Zip Code
Graham TX 76450

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: R13807

Amount of Each Receipt this Period

250.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Michael J. Kierl
Mailing Address 4719 Innsbrook Ln

City State Zip Code
Oklahoma City OK 73142

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 7 / 2 0 0 6

Transaction ID: R13773

Amount of Each Receipt this Period

250.00

Check

C. Full Name (Last, First, Middle Initial)
Dr. Thomas M. Kilaeski
Mailing Address 825 Ave B

City State Zip Code
Stroudsburg PA 18360

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 6

Transaction ID: R13913

Amount of Each Receipt this Period

250.00

Credit Card

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Harry R. Kinlaw
Mailing Address 162 Ridgeview Drive

City State Zip Code
Cincinnati OH 45215

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 6

Transaction ID: R13750

Amount of Each Receipt this Period

250.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Herbert A. Klontz
Mailing Address 3125 Rollingstone Rd

City State Zip Code
Oklahoma City OK 73120

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 6

Transaction ID: R13668

Amount of Each Receipt this Period

150.00

Check

C. Full Name (Last, First, Middle Initial)
Dr. Gregory F. Kubik
Mailing Address 6808 Oakwood Manor Dr

City State Zip Code
Crystal Lake IL 60012

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 6

Transaction ID: R13733

Amount of Each Receipt this Period

250.00

Credit Card

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Alan S. Lammey

Mailing Address 54 Reed Dr

City State Zip Code
 Manchester CT 06040

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: R13791

Amount of Each Receipt this Period

250.00

Credit Card

Full Name (Last, First, Middle Initial)

B. Dr. Shawn Lehman-Grimes

Mailing Address 324 Northcrest Dr.

City State Zip Code
 Springfield TN 37172

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 3 / 2 0 0 6

Transaction ID: R13642

Amount of Each Receipt this Period

250.00

Credit Card

Full Name (Last, First, Middle Initial)

C. Dr. Edward Y. Lin

Mailing Address 555 Main Ave #205

City State Zip Code
 De Pere WI 54115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 7 / 2 0 0 6

Transaction ID: R13704

Amount of Each Receipt this Period

200.00

Credit Card

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 72

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Robert L. Loeb

Mailing Address 716 Natures Way

City State Zip Code
Franklin Lakes NJ 07417

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: R13835

Amount of Each Receipt this Period

250.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. James W. Logeman

Mailing Address 11988 Antietam Dr

City State Zip Code
Loveland OH 45140

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 6

Transaction ID: R13725

Amount of Each Receipt this Period

250.00

Check

C. Full Name (Last, First, Middle Initial)
Dr. James F. Lunardon

Mailing Address 1106 W Orchard Ln

City State Zip Code
Carlsbad NM 88220

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 6

Transaction ID: R13899

Amount of Each Receipt this Period

250.00

Check

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 41 / 72

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)

Dr. Robert J. Manasse

Mailing Address 795 Brookwood Dr

City State Zip Code
 Olympia Fields IL 60461

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 3 / 2 0 0 6

Transaction ID: R13736

Amount of Each Receipt this Period

250.00

Credit Card

B. Full Name (Last, First, Middle Initial)

Dr. Theo Mantzikos

Mailing Address 279 Sound Beach Ave

City State Zip Code
 Greenwich CT 06870

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: R13829

Amount of Each Receipt this Period

250.00

Credit Card

C. Full Name (Last, First, Middle Initial)

Dr. Jennifer Martin

Mailing Address 616 Bradford Pl

City State Zip Code
 Danville CA 94526

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: R13789

Amount of Each Receipt this Period

250.00

Credit Card

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)

Dr. John D. Marx

Mailing Address 4689 Wendrick

City State Zip Code
 West Bloomfield MI 48323

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: R13845

Amount of Each Receipt this Period

150.00

Credit Card

B. Full Name (Last, First, Middle Initial)

Dr. DeWayne B. McCamish

Mailing Address 11 Ballard Bluff

City State Zip Code
 Signal Mountain TN 37377

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 3 / 2 0 0 6

Transaction ID: R13742

Amount of Each Receipt this Period

250.00

Credit Card

C. Full Name (Last, First, Middle Initial)

Dr. Thomas J. McGowan

Mailing Address 5376 W Lake Dr

City State Zip Code
 West Bend WI 53095

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 3 / 2 0 0 6

Transaction ID: R13723

Amount of Each Receipt this Period

250.00

Check

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 72

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Paul J. McKenna, Jr.

Mailing Address 16 Pine Glen Road

City State Zip Code
 Simsbury CT 06070

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 7 / 2 0 0 6

Transaction ID: R13698

Amount of Each Receipt this Period

250.00

Check

Full Name (Last, First, Middle Initial)

B. Dr. William J. McLendon

Mailing Address 61 Old Mountain Rd

City State Zip Code
 Powder Springs GA 30073

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: R13780

Amount of Each Receipt this Period

250.00

Credit Card

Full Name (Last, First, Middle Initial)

C. Dr. John Leo Mergen

Mailing Address 840 Mesquite Drive

City State Zip Code
 Coralville IA 52241

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 3 / 2 0 0 6

Transaction ID: R13641

Amount of Each Receipt this Period

125.00

Credit Card

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 72

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)

Dr. Harold L. Middleberg

Mailing Address 132 Whitney Ln

City State Zip Code
 Richboro PA 18954

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 6

Transaction ID: R13925

Amount of Each Receipt this Period

250.00

Credit Card

B. Full Name (Last, First, Middle Initial)

Dr. Richard W. Miller, II

Mailing Address 302 Islington St #4

City State Zip Code
 Portsmouth NH 03801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 6

Transaction ID: R13918

Amount of Each Receipt this Period

250.00

Credit Card

C. Full Name (Last, First, Middle Initial)

Dr. John W. Moore

Mailing Address 4263 NE 73rd

City State Zip Code
 Seattle WA 98115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 6

Transaction ID: R13919

Amount of Each Receipt this Period

250.00

Credit Card

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)

Dr. W. Jim Moore, Jr.

Mailing Address 3024 Olive St

City State Zip Code
Pine Bluff AR 71603

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 6

Transaction ID: R13901

Amount of Each Receipt this Period

250.00

Check

B. Full Name (Last, First, Middle Initial)

Dr. Gary Dean Mundy

Mailing Address 900 Singing Hills Dr

City State Zip Code
El Paso TX 79912

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 6

Transaction ID: R13903

Amount of Each Receipt this Period

250.00

Check

C. Full Name (Last, First, Middle Initial)

Dr. Stephen Robert Nelson

Mailing Address 4405 Highland Rd

City State Zip Code
Minnetonka MN 55345

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: R13823

Amount of Each Receipt this Period

250.00

Credit Card

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Robert (Tito) Alan Norris

Mailing Address 244 Canada Verde

City State Zip Code
 San Antonio TX 78232

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 3 / 2 0 0 6

Transaction ID: R13746

Amount of Each Receipt this Period

250.00

Credit Card

Full Name (Last, First, Middle Initial)

B. Dr. Kay W. O'Leary

Mailing Address 18590 Arapahoe Cir

City State Zip Code
 Port Charlotte FL 33948

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 8 / 2 0 0 6

Transaction ID: R13657

Amount of Each Receipt this Period

350.00

Check

Full Name (Last, First, Middle Initial)

C. Dr. G. S. Ollard

Mailing Address 2201 Lyons Ridge Rd

City State Zip Code
 Knoxville TN 37919

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 5 / 2 0 0 6

Transaction ID: R13675

Amount of Each Receipt this Period

350.00

Check

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)

Dr. Bruce E. Ollins

Mailing Address 10 Driftwood Dr

City State Zip Code
 Livingston NJ 07039

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 3 / 2 0 0 6

Transaction ID: R13739

Amount of Each Receipt this Period

250.00

Credit Card

B. Full Name (Last, First, Middle Initial)

Dr. Michael R. Pashley

Mailing Address 1182 Bennington Dr

City State Zip Code
 Santa Ana CA 92705

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 6 / 2 0 0 6

Transaction ID: R13710

Amount of Each Receipt this Period

250.00

Check

C. Full Name (Last, First, Middle Initial)

Dr. John P. Peden

Mailing Address 2552 Admirals Walk Dr S

City State Zip Code
 Orange Park FL 32073

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 3 / 2 0 0 6

Transaction ID: R13734

Amount of Each Receipt this Period

250.00

Credit Card

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Kenneth H. Peterson

Mailing Address 1409 Ambleside Cir

City State Zip Code
 Naperville IL 60540

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: R13839

Amount of Each Receipt this Period

250.00

Credit Card

Full Name (Last, First, Middle Initial)

B. Dr. Bruce J. Podhouser

Mailing Address 92 Middle Jem Rd

City State Zip Code
 Gorham ME 04058

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 6

Transaction ID: R13909

Amount of Each Receipt this Period

250.00

Credit Card

Full Name (Last, First, Middle Initial)

C. Dr. Morris N. Poole

Mailing Address 55 Bristol Rd

City State Zip Code
 Logan UT 84321

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: R13775

Amount of Each Receipt this Period

250.00

Credit Card

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)

Dr. D. Spencer Pope

Mailing Address 19337 Cormoy Ln

City State Zip Code
 Tinley Park IL 60477

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 5 / 2 0 0 6

Transaction ID: R13674

Amount of Each Receipt this Period

250.00

Check

B. Full Name (Last, First, Middle Initial)

Dr. Charles E. Pritchett

Mailing Address 13438 Pilot Lane

City State Zip Code
 Mccordsville IN 46055

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 3 / 2 0 0 6

Transaction ID: R13741

Amount of Each Receipt this Period

250.00

Credit Card

C. Full Name (Last, First, Middle Initial)

Dr. John Charles Pritchett

Mailing Address 11980 Bluestone Dr

City State Zip Code
 Indianapolis IN 46236

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: R13812

Amount of Each Receipt this Period

250.00

Credit Card

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)

Dr. John C. Pryse, Jr.

Mailing Address 304 Franklin Pl

City State Zip Code
 Clinton TN 37716

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 6

Transaction ID: R13922

Amount of Each Receipt this Period

250.00

Credit Card

B. Full Name (Last, First, Middle Initial)

Dr. Anthony Myers Puntillo

Mailing Address 1551 Hogan Ave

City State Zip Code
 Chesterton IN 46304

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: R13836

Amount of Each Receipt this Period

250.00

Credit Card

C. Full Name (Last, First, Middle Initial)

Dr. J. Anthony Quinn

Mailing Address PO Box 771

City State Zip Code
 Waverly PA 18471

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 7 / 2 0 0 6

Transaction ID: R13715

Amount of Each Receipt this Period

250.00

Check

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Kevin T. Race

Mailing Address N53 W34456 Rd Q

City State Zip Code
 Okauchee WI 53069

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 8 / 2 0 0 6

Transaction ID: R13661

Amount of Each Receipt this Period

200.00

Credit Card

Full Name (Last, First, Middle Initial)

B. Dr. William A. Raineri

Mailing Address 4370 Loveland Dr

City State Zip Code
 Liverpool NY 13090

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: R13799

Amount of Each Receipt this Period

250.00

Credit Card

Full Name (Last, First, Middle Initial)

C. Dr. Todd H. Rankin

Mailing Address 1000 Country Club Dr

City State Zip Code
 New Bern NC 28562

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: R13815

Amount of Each Receipt this Period

250.00

Credit Card

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)

Dr. Darren B. Ravassipour

Mailing Address 149 Littrell Dr

City State Zip Code
Medford OR 97504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 6

Transaction ID: R13732

Amount of Each Receipt this Period

250.00

Credit Card

B. Full Name (Last, First, Middle Initial)

Dr. Robert A. Ritucci

Mailing Address 24 Tarragon Dr
PO Box 965

City State Zip Code
East Sandwich MA 02537

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 7 / 2 0 0 6

Transaction ID: R13765

Amount of Each Receipt this Period

250.00

Credit Card

C. Full Name (Last, First, Middle Initial)

Dr. Ronald Ritucci

Mailing Address 49 Pond Valley Rd

City State Zip Code
Woodbury CT 06798

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: R13832

Amount of Each Receipt this Period

250.00

Credit Card

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)

Dr. W. Scott Robinson

Mailing Address 509 Thilly

City State Zip Code
 Columbia MO 65203

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 6

Transaction ID: R13892

Amount of Each Receipt this Period

250.00

Check

B. Full Name (Last, First, Middle Initial)

Dr. Gary E. Roebuck

Mailing Address 43 Halley Dr

City State Zip Code
 Pomona NY 10970

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 7 / 2 0 0 6

Transaction ID: R13769

Amount of Each Receipt this Period

250.00

Credit Card

C. Full Name (Last, First, Middle Initial)

Dr. Lee M. Romine

Mailing Address 113 Daniel

City State Zip Code
 Natchitoches LA 71457

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: R13850

Amount of Each Receipt this Period

150.00

Credit Card

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)

Dr. Richard G. Rosenbloom

Mailing Address 36 Angelo Blvd.

City State Zip Code
Poughkeepsie NY 12603

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: R13795

Amount of Each Receipt this Period

150.00

Credit Card

B. Full Name (Last, First, Middle Initial)

Dr. Michael J. Rovner

Mailing Address 812 38th Street

City State Zip Code
West Des Moines IA 50265

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 6

Transaction ID: R13735

Amount of Each Receipt this Period

250.00

Credit Card

C. Full Name (Last, First, Middle Initial)

Dr. Gregory W. Sanford

Mailing Address 91 Kettle Creek Rd

City State Zip Code
Weston CT 06883

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: R13798

Amount of Each Receipt this Period

250.00

Credit Card

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 55 / 72

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Jeffrey L. Schauder		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 912 Gooseberry Ln		Transaction ID: R13891
City Ellison Bay	State WI	Zip Code 54210
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	Check
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Dr. L. William Schmohl, III		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address 143 Fernwood		Transaction ID: R13778
City San Rafael	State CA	Zip Code 94901
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	Credit Card
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) Dr. Jesse Schroeder		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address 4511 Bluffview Blvd		Transaction ID: R13806
City Dallas	State TX	Zip Code 75209
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	Credit Card
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 72

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Gregory P. Scott

Mailing Address 425 Quail Hollow Rd

City State Zip Code
 Auburndale FL 33823

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 8 / 2 0 0 6

Transaction ID: R13660

Amount of Each Receipt this Period

500.00

Credit Card

Full Name (Last, First, Middle Initial)

B. Dr. Stephen E. Searcy

Mailing Address 114 Wembley Rd

City State Zip Code
 Lafayette LA 70503

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 6

Transaction ID: R13883

Amount of Each Receipt this Period

250.00

Check

Full Name (Last, First, Middle Initial)

C. Dr. Dona M. Seely

Mailing Address 16730 Shore Dr N E

City State Zip Code
 Seattle WA 98155

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 6 / 2 0 0 6

Transaction ID: R13711

Amount of Each Receipt this Period

520.00

Check

SUBTOTAL of Receipts This Page (optional)

1270.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)

Dr. Richard L. Sikora

Mailing Address 2102 Oakwood Ave

City State Zip Code
 Bloomington IL 61704

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: R13797

Amount of Each Receipt this Period

500.00

Credit Card

B. Full Name (Last, First, Middle Initial)

Dr. David C. Small

Mailing Address 7769 Pinecone Ln

City State Zip Code
 Hickory NC 28602

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: R13816

Amount of Each Receipt this Period

250.00

Credit Card

C. Full Name (Last, First, Middle Initial)

Dr. Danny Terry Smith

Mailing Address 107 Seward St

City State Zip Code
 Thomasville GA 31792

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: R13825

Amount of Each Receipt this Period

250.00

Credit Card

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)

Dr. Leon E. Souweine

Mailing Address 72 Broadway

City State Zip Code
 Bangor ME 04401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: R13788

Amount of Each Receipt this Period

250.00

Credit Card

B. Full Name (Last, First, Middle Initial)

Dr. Howard Starnbach

Mailing Address 323 West Fifth St

City State Zip Code
 Cincinnati OH 45202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 3 / 2 0 0 6

Transaction ID: R13744

Amount of Each Receipt this Period

250.00

Credit Card

C. Full Name (Last, First, Middle Initial)

Dr. Malcolm E. (Mac) Steen

Mailing Address 490 Ridge Blvd

City State Zip Code
 Deland FL 32724

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 5 / 2 0 0 6

Transaction ID: R13681

Amount of Each Receipt this Period

250.00

Credit Card

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)

Dr. Michael G. Steinberg

Mailing Address 33 Rippling Brook Dr

City State Zip Code
 Short Hills NJ 07078

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: R13813

Amount of Each Receipt this Period

250.00

Credit Card

B. Full Name (Last, First, Middle Initial)

Dr. Richard K. Stern

Mailing Address 6534 Ryanlynn Dr

City State Zip Code
 Fairfax Station VA 22039

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 6

Transaction ID: R13898

Amount of Each Receipt this Period

250.00

Check

C. Full Name (Last, First, Middle Initial)

Dr. Robert S. Strange

Mailing Address 606 Lasswell Ct SW

City State Zip Code
 Leesburg VA 20175

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: R13822

Amount of Each Receipt this Period

250.00

Credit Card

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Jeri Lynnette Stull
Mailing Address 10 Washington Ave

City State Zip Code
Fort Thomas KY 41075

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: R13824

Amount of Each Receipt this Period

250.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Donald Ross Taddeo
Mailing Address 2636 Fawnlake Tr

City State Zip Code
Orlando FL 32828

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 6

Transaction ID: R13804

Amount of Each Receipt this Period

250.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Dr. William J. Thomas
Mailing Address 10128 Wendover Dr

City State Zip Code
Vienna VA 22181

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 6

Transaction ID: R13676

Amount of Each Receipt this Period

350.00

Check

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Philip J. Tighe

Mailing Address 1920 Nottingham Rd

City State Zip Code
 Allentown PA 18103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: R13805

Amount of Each Receipt this Period

250.00

Credit Card

Full Name (Last, First, Middle Initial)

B. Dr. David V. Tillmanns

Mailing Address 5746 Country Club Pkwy

City State Zip Code
 San Jose CA 95138

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 7 / 2 0 0 6

Transaction ID: R13701

Amount of Each Receipt this Period

300.00

Check

Full Name (Last, First, Middle Initial)

C. Dr. Patricia B. Timmeny

Mailing Address 18 Anthony Dr

City State Zip Code
 Londonderry NH 03053

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: R13808

Amount of Each Receipt this Period

250.00

Credit Card

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 62 / 72

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Luis A. Toro-Lloveras

Mailing Address Urb Paseo Las Brisas
Marbella St #13

City State Zip Code
San Juan PR 00926

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 6

Transaction ID: R13677

Amount of Each Receipt this Period

500.00

Check

Full Name (Last, First, Middle Initial)

B. Dr. James L. Vaden

Mailing Address 353 Buck Lake Rd

City State Zip Code
Cookville TN 38506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 6

Transaction ID: R13893

Amount of Each Receipt this Period

250.00

Check

Full Name (Last, First, Middle Initial)

C. Dr. John R. Valant

Mailing Address 6 Turtle Creek Bend

City State Zip Code
Dallas TX 75204

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 6

Transaction ID: R13906

Amount of Each Receipt this Period

250.00

Credit Card

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 72

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Nancy L. Villa Mailing Address 45 Laird Rd City State Zip Code Colts Neck NJ 07722 FEC ID number of contributing federal political committee. C Name of Employer Self-Employed Occupation Self-Employed Orthodontist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6 Transaction ID: R13910 Amount of Each Receipt this Period 250.00 Credit Card
B. Full Name (Last, First, Middle Initial) Dr. Grant D. Walton Mailing Address 1224 E McMurray City State Zip Code Casa Grande AZ 85222 FEC ID number of contributing federal political committee. C Name of Employer Self-Employed Occupation Self-Employed Orthodontist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6 Transaction ID: R13916 Amount of Each Receipt this Period 250.00 Credit Card
C. Full Name (Last, First, Middle Initial) Dr. Charles K. Wear Mailing Address 5350 Idlewood Rd City State Zip Code Santa Rosa CA 95404 FEC ID number of contributing federal political committee. C Name of Employer Self-Employed Occupation Self-Employed Orthodontist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6 Transaction ID: R13821 Amount of Each Receipt this Period 250.00 Credit Card

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Robin A. Weeks

Mailing Address 120 N Windham Rd

City State Zip Code
 Windham CT 06280

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 6

Transaction ID: R13886

Amount of Each Receipt this Period

250.00

Check

Full Name (Last, First, Middle Initial)

B. Dr. Thomas P. Weirich

Mailing Address 4315 St Gregory Dr

City State Zip Code
 Oklahoma City OK 73120

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 6

Transaction ID: R13884

Amount of Each Receipt this Period

250.00

Check

Full Name (Last, First, Middle Initial)

C. Dr. Randall C. Welser

Mailing Address 3867 35th Ave Ct

City State Zip Code
 Moline IL 61265

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: R13837

Amount of Each Receipt this Period

250.00

Credit Card

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)

Dr. Dorothy E. Whalen

Mailing Address 777 Remsen's Ln

City State Zip Code
 Oyster Bay NY 11771

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: R13818

Amount of Each Receipt this Period

250.00

Credit Card

B. Full Name (Last, First, Middle Initial)

Dr. Oliver Lee Willham

Mailing Address 233 S 26th

City State Zip Code
 West Des Moines IA 50265

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 6

Transaction ID: R13877

Amount of Each Receipt this Period

250.00

Check

C. Full Name (Last, First, Middle Initial)

Dr. Cecile Yoon-Tarlie

Mailing Address 2516 Violet St

City State Zip Code
 Glenview IL 60026

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Orthodontist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 7 / 2 0 0 6

Transaction ID: R13770

Amount of Each Receipt this Period

250.00

Credit Card

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

46045.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 66 / 72

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Bill Thomas Campaign Committee

Mailing Address PO Box 395

City

Bakersfield

State

CA

Zip Code

93302

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 6

Transaction ID: R13718

Amount of Each Receipt this Period

5000.00

Check

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 67 / 72

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

A. Full Name (Last, First, Middle Initial)
James R. Bowlin

Mailing Address 2165 Timberline Valley Drive

City Wildwood State MO Zip Code 63069

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D943

Date of Disbursement

MM / DD / YYYY
05 / 01 / 2006

Amount of Each Disbursement this Period

1634.10

B. Full Name (Last, First, Middle Initial)
James R. Bowlin

Mailing Address 2165 Timberline Valley Drive

City Wildwood State MO Zip Code 63069

Purpose of Disbursement
Expense Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D951

Date of Disbursement

MM / DD / YYYY
06 / 05 / 2006

Amount of Each Disbursement this Period

30.00

SUBTOTAL of Disbursements This Page (optional)

1664.10

TOTAL This Period (last page this line number only)

1664.10

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 68 / 72

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Busby for Congress

Mailing Address 144 West D Street

City Encinitas State CA Zip Code 92024

Purpose of Disbursement
Contr. Francine Busby (CA-50-D)

Candidate Name
Francine Busby

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼

State: CA District: 50

Transaction ID: D948

Date of Disbursement

06 / 05 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends of Clay Shaw

Mailing Address 2600 N E 14th Street Causeway

City Pompano Beach State FL Zip Code 33062

Purpose of Disbursement
Contr.

Candidate Name
Clay Shaw, Jr.

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 22

Transaction ID: D954

Date of Disbursement

06 / 06 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Friends of Clay Shaw

Mailing Address 2600 N E 14th Street Causeway

City Pompano Beach State FL Zip Code 33062

Purpose of Disbursement
Contr.

Candidate Name
Clay Shaw, Jr.

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 22

Transaction ID: D955

Date of Disbursement

06 / 06 / 2006

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 69 / 72

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Conrad Burns - 2006

Mailing Address P O Box 1532

City Billings State MT Zip Code 59103

Purpose of Disbursement
Contr.

Candidate Name
Conrad Burns

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MT District:

Transaction ID: D952

Date of Disbursement

06 / 06 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Friends of Conrad Burns - 2006

Mailing Address P O Box 1532

City Billings State MT Zip Code 59103

Purpose of Disbursement
Contr.

Candidate Name
Conrad Burns

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: MT District:

Transaction ID: D953

Date of Disbursement

06 / 06 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. John Lewis for Congress

Mailing Address PO Box 2323

City Atlanta State GA Zip Code 30301

Purpose of Disbursement
Contr.

Candidate Name
John Lewis

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 05

Transaction ID: D944

Date of Disbursement

05 / 19 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 70 / 72

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. McCrery for Congress

Mailing Address 1900 Deposit Guaranty Tower
333 Texas Street

City Shreveport State LA Zip Code 71101

Purpose of Disbursement
Contr.

Candidate Name
Jim McCrery

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 04

Transaction ID: D941

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Paula Hollinger for Congress

Mailing Address P.O. Box 5861

City Baltimore State MD Zip Code 21282

Purpose of Disbursement
Contr.

Candidate Name
Paula Hollinger

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 03

Transaction ID: D939

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Rangel 2004 Committee

Mailing Address PO Box 5577
Manhattanville Sta

City New York State NY Zip Code 10027

Purpose of Disbursement
Contr.

Candidate Name
Charles B. Rangel

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 15

Transaction ID: D946

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 71 / 72

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard Pombo for Congress

Mailing Address 28375 South Chrisman Road

City State Zip Code
Tracy CA 95304

Purpose of Disbursement
Contr.

Candidate Name
Richard W. Pombo

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 11

Transaction ID: D945

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Todd Akin for Congress

Mailing Address PO Box 31222

City State Zip Code
St Louis MO 63131

Purpose of Disbursement
Contr.

Candidate Name
Todd Akin

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: MO District: 02

Transaction ID: D940

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

31000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 72 / 72

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Association of Orthodontists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kevin T. Coyle DMD PA

Mailing Address 295 Princeton-Highstown Road

City
West Windsor

State
NJ

Zip Code
08550

Purpose of Disbursement
Refund to Individual

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D947

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	0	6

Amount of Each Disbursement this Period

50.00

SUBTOTAL of Disbursements This Page (optional)

50.00

TOTAL This Period (last page this line number only)

50.00